

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2020</div> </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">863.85</div>	
City State Zip Code Ashburn VA 20148	Transaction ID : SE.18741 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2020</div> </div>		
Purpose of Expenditure Printing / Production / Postage	Category/Type	Name of Federal Candidate TILLIS, THOM R. SEN., , ,	
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">9019.61</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2020</div> </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">863.85</div>	
City State Zip Code Ashburn VA 20148	Transaction ID : SE.18742 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 11 / 2020</div> </div>		
Purpose of Expenditure Printing / Production / Postage	Category/Type	Name of Federal Candidate CUNNINGHAM, CAL., ,	
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">9883.46</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1727.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1727.70</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 11 / 2020

Signature